

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i> <hr style="width: 20px; margin-left: 0;"/>	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name):</i> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): <div style="text-align: right;">DECEDENT</div>		
WAIVER OF NOTICE OF PROPOSED ACTION (Probate Code section 10600) (Revocation of Waiver)		CASE NUMBER:

WARNING

READ BEFORE YOU SIGN

A. The law requires the personal representative to give you notice of certain actions he or she proposes to take to administer the estate. If you sign this form, the personal representative will NOT have to give you notice.

B. You have the right (1) to object to a proposed action and (2) to require the court to supervise the proposed action. If you do not object before the personal representative acts, you lose your right and you cannot object later.

C. IF YOU SIGN THIS FORM, YOU GIVE UP YOUR RIGHT TO RECEIVE NOTICE. This means you give the personal representative the right to take actions concerning the estate without first giving you the notice otherwise required by law. You cannot object after the action is taken.

D. You have the right to revoke (cancel) this waiver at any time. Your revocation must be in writing and is not effective until it is actually received by the personal representative. *(A form to revoke your waiver is on the reverse. You may want to revoke this waiver later. Keep a copy of this form so you can.)*

E. If you do not understand this form, ask a lawyer to explain it to you.

WAIVER OF RIGHT TO NOTICE

1. **I understand** that the **personal representative** named here has authority to administer the estate of the decedent without court supervision under the Independent Administration of Estates Act (California Probate Code sections 10400-10600).
 - a. *(name):*
 - b. *(address):*

(Mail or deliver notices to the personal representative at this address.)
2. **I understand** I have the right to receive notice of certain actions the personal representative may propose to take. I understand that those actions may affect my interest in the estate.
3. **I understand** that by signing this waiver form I give up my right to receive notices from the personal representative of actions he or she may decide to take.

(Continued on reverse)

ESTATE OF (NAME): <div style="border-bottom: 1px solid black; height: 1.2em; width: 95%; margin-top: 5px;"></div>	CASE NUMBER: <div style="border-bottom: 1px solid black; height: 1.2em; width: 95%; margin-top: 5px;"></div>
DECEDENT	

4. By signing below, **I WAIVE MY RIGHT** to receive prior notice of *(CHECK ONLY ONE BOX to indicate your choice)*:

- a. ☐ Any and all actions the personal representative is authorized to take under the Independent Administration of Estates Act.
- b. ☐ Any of the kinds of transactions I have listed below that the personal representative is authorized to take under the Independent Administration of Estates Act *(specify which actions you are waiving your right to receive notice of)*:

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE)

My address is *(type or print)*:

(Keep a copy for your records.)

REVOCATION OF WAIVER OF NOTICE OF PROPOSED ACTION

1. I previously signed a waiver of my right to receive notices of proposed actions by the personal representative under the Independent Administration of Estates Act.
2. I **revoke** (cancel) any previous waiver of my right to receive notices of proposed actions by the personal representative of the estate of the decedent.
3. I request the personal representative to send me all notices required by law.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE)

My address is *(type or print)*:

*(Mail or deliver this revocation to the personal representative at the address in item 1 on the reverse.
You may want to make a copy for your records.)*